



MISSOURI DEPARTMENT OF REVENUE
DRIVER AND VEHICLE SERVICES BUREAU
SPECIALTY LICENSE PLATES
PO BOX 569, JEFFERSON CITY MO 65105-0569
(573) 751-4509 www.dor.mo.gov/mvdl

FORM
5052
(REV. 11-04)

SPECIALTY LICENSE PLATE DEVELOPMENT APPLICATION

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS COMPLETED FORM:

- PROOF ORGANIZATION IS A NOT-FOR-PROFIT ENTITY (IS REGISTERED PURSUANT TO 501 (C) OF THE 1986 INTERNAL REVENUE CODE AS AMENDED, OR EQUIVALENT LAW);
- \$5,000 APPLICATION FEE; AND
- LIST OF 200 POTENTIAL LICENSE PLATE APPLICANTS .

SEE INSTRUCTIONS AND ADDITIONAL INFORMATION ON REVERSE.

STEP 1 ORGANIZATION INFORMATION

NAME		ADDRESS	
CITY		STATE	ZIP CODE
TELEPHONE NUMBER ()	FAX NUMBER ()		
E-MAIL ADDRESS		WEB SITE ADDRESS	

STEP 2 ORGANIZATION REPRESENTATIVE/POINT OF CONTACT INFORMATION

NAME		ADDRESS	
CITY		STATE	ZIP CODE
TELEPHONE NUMBER ()	FAX NUMBER ()		
ALTERNATE TELEPHONE NUMBER ()	E-MAIL ADDRESS		

STEP 3 LEGISLATIVE SPONSOR(S) INFORMATION – AT LEAST ONE CURRENT MEMBER OF THE MISSOURI GENERAL ASSEMBLY MUST BE LISTED.

SPONSOR'S NAME	SPONSOR'S DISTRICT
ADDITIONAL SPONSOR'S NAME	SPONSOR'S DISTRICT
ADDITIONAL SPONSOR'S NAME	SPONSOR'S DISTRICT
ADDITIONAL SPONSOR'S NAME	SPONSOR'S DISTRICT

STEP 4 PROPOSED LICENSE PLATE INFORMATION

INDICATE BELOW THE ORGANIZATION'S NAME OR SLOGAN THAT IS TO REPLACE "SHOW-ME-STATE" (BOTTOM CENTER OF LICENSE PLATE)

DESCRIPTION OF PROPOSED LICENSE PLATE (E.G., BACKGROUND COLOR, FONT COLOR, COLOR OF "MISSOURI," ETC.)

INCLUDE DRAFT COPY OF THE PROPOSED LICENSE PLATE DESIGN, IF AVAILABLE.

INDICATE THE CONTRIBUTION LEVEL(S) NECESSARY TO OBTAIN AN EMBLEM USE AUTHORIZATION STATEMENT FROM THE ORGANIZATION.

- | | |
|--|--|
| <input type="checkbox"/> NONE | <input type="checkbox"/> ANNUAL CONTRIBUTION AMOUNT: _____ |
| <input type="checkbox"/> ONE-TIME CONTRIBUTION AMOUNT: _____ | <input type="checkbox"/> BIENNIAL CONTRIBUTION AMOUNT: _____ |

INSTRUCTIONS TO APPLICANT

In order to be considered in the next legislative session, this application must be completed and submitted **by June 30th** along with the not-for-profit documentation, \$5,000 fee, and list of 200 potential license plate applicants. Make the check or money order (do not send cash) payable to the **Missouri Department of Revenue**. Note: The Missouri Department of Revenue (department) may electronically resubmit checks returned for insufficient or uncollected funds.

STEP 1: Fill in the organization's name, address, telephone number, fax number, e-mail address, and web site address.

STEP 2: Fill in the name, address, telephone number, fax number, alternate telephone number, and e-mail address for the person who is to be the organization's primary representative/point of contact.

STEP 3: Fill in the name and district of **at least one** current member of the Missouri General Assembly. If a sponsor is not listed, the application will be rejected.

STEP 4: Indicate the organization's name **or** slogan that will appear on the license plate in place of "SHOW-ME-STATE." The department reserves the right to limit the amount of text entered due to space constraints. Provide a description of the license plate design details. Include a draft copy of the proposed license plate design, if available. Indicate the contribution level(s) necessary to obtain an Emblem Use Authorization Statement from the organization in order to purchase the license plate.

SPECIALTY LICENSE PLATE CONSIDERATION PROCESS

1. The department will give notice to the public of the proposed license plate by:
 - A. posting the application to the department's web site at: **www.dor.mo.gov/mvdl**;
 - B. posting the application in Room 370 of the Harry S Truman Office Building, 301 W. High Street, Jefferson City, Missouri; and
 - C. making copies of the application available, upon request (send requests to the: MISSOURI DEPARTMENT OF REVENUE, SPECIALTY LICENSE PLATES, PO BOX 569, JEFFERSON CITY MO 65105-0569).
2. Written testimony (for or against license plate) will be accepted by the department until November 30th prior to the next regular legislative session and **must contain** the individual's printed name, signature, address, telephone number, and e-mail address (if applicable).
3. The department will submit this application and all supporting documents to the Joint Committee on Transportation Oversight (committee) during the next regular legislative session of the Missouri General Assembly.
4. The committee will approve or deny the application and notify the department of their decision.
5. The department will notify the organization of the approval or denial of the proposed license plate and provide further instructions.

RETURN TO:

MISSOURI DEPARTMENT OF REVENUE
SPECIALTY LICENSE PLATES
PO BOX 569
JEFFERSON CITY MO 65105-0569

CHECKLIST

1. **Specialty License Plate Development Application (DOR-5052)**, including the name of at least one legislative sponsor;
2. **Not-for-profit documentation**;
3. **\$5,000 fee**; and
4. **List of 200 potential license plate applicants**